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Urban District of Burnham-on-Sea



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR ENDED

31st DECEMBER, 1957

U R B A N D I S T R I C T O F B U R N H A M - O N - S E A

BUILDING AND SANITARY COMMITTEE 1957

Chairman:

MR. W. TRENCHARD COX

MR. P. GILES

MRS. C. KEEDWELL

MR. P.W. GRIFFIN

MR. R.F. TREGELLES

MR. G.W. GULLIFORD

MRS. W.G. TROWBRIDGE

PUBLIC HEALTH STAFF 1957

Medical Officer of Health:

R.H. WATSON, M.B., B.Ch., B.A.O., D.P.H.

Building and Chief Public Health Inspector:

W.B. GRAHAM, M.R.S.H., M.A.P.H.I.

Housing Officer and Assistant Public Health Inspector:

H.F. ROBINSON, M.A.P.H.I.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1957

Health Department,
Albert Street,
BRIDGWATER.

August, 1958.

To:-

The Chairman and Members of the
Burnham-on-Sea Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you the Annual Report on the health of the Urban District, and the work of the Public Health Department during the year 1957. The report is set out in the manner of previous years, so that comparison with former reports can easily be made.

As far as can be judged from a study of the vital statistics, the general health of the district was satisfactory during the year. The figures show little variation from those of the previous year, but the standardised birth rate has been lower than that for the country as a whole. In common with most other parts of the country an epidemic of influenza affected the Urban District during the last quarter of the year. Tests carried out on a number of patients confirmed that the illness was due to the Asian strain of influenza virus. The illness was of comparatively short duration and complications were not common, with the result that although a high proportion of the population were affected, the number who were ill at any one time was not so great as to seriously dislocate industry or essential services. All schools in the Urban District were kept open throughout the epidemic.


Once again I wish to thank the Members of the Council, and Clerk, and Officials of other departments, and the Staff of the Public Health Department for their willing assistance and co-operation.

I am,

Your obedient servant,

R.H. WATSON,

Medical Officer of Health.



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GENERAL STATISTICS

Area (including foreshore) = 2,246 acres

Population:- Registrar General's estimate for 1957 = 9,720

Rateable value = £ 124,650

Sum represented by a penny rate = £ 477

VITAL STATISTICS

Registered Live Births

	<u>Total</u>	<u>Male</u>	<u>Female</u>
Legitimate	129	73	56
Illegitimate	6	3	3
	<u>135</u>	<u>76</u>	<u>59</u>

Birth Rate per 1,000 of estimated population 13.89

Still Births 4

Legitimate	4
Illegitimate	-

Still Birth Rate per 1,000 (live and still) births 28.78

Deaths

	<u>Total</u>	<u>Male</u>	<u>Female</u>
	143	61	82

Crude Death Rate per 1,000 of estimated population 14.71

Deaths of Infants under one year of age

All infants	2.	Rate per 1,000 live births	14.81
Legitimate infants	2.	Rate per 1,000 legitimate live births	15.50
Illegitimate infants	0.	Rate per 1,000 illegitimate live births	Nil

Births.

After allowing for inward and outward transfers, the Registrar General's figures show that there were 135 births (76 boys and 59 girls) in the District during 1957, being two births less than in 1956. Of these births 6 were illegitimate. This is 4.4% of the total live births, as compared with 3.6% in 1957.

The Registrar General provides a comparability factor for the purpose of rendering the birth rate of the Urban District comparable with that of a district the population of which is of standard age and sex distribution. Accordingly when the birth rate is multiplied by this factor, the product represents the birth rate for comparison with other districts. The birth rate for Burnham-on-Sea Urban District adjusted in this manner is increased from 13.89 to 15.70 per 1,000 of the population. The birth rate for England and Wales was 15.1.

Birth rates for the District and for England and Wales for the past five years were as follows:-

	1953	1954	1955	1956	1957
England and Wales	15.5	15.2	15.0	15.6	16.1
Burnham U.D.	15.96	18.06	13.50	14.14	13.89
Corrected Birth Rate	17.71	20.59	15.39	16.12	15.70

Deaths.

The number of deaths registered in the Urban District during 1957 was 131. Of these 12 were deaths of non-residents and were transferred to the district in which the persons ordinarily resided. There were, on the other hand, 25 deaths of Urban District residents registered outside the District. The total corrected number of deaths assigned to the District was 143 (61 males and 82 females). This was the same as the previous year, and gave a crude death rate of 14.71. This crude death rate cannot be used to compare the mortality with that of other districts, as the populations of all areas are not similarly constituted as regards age and sex distribution.

The Registrar General supplies an "Area Comparability Factor" and the crude death rate multiplied by this figure can then be compared with the death rate of the country as a whole, or with the mortality of any other local area. The corrected death rate so obtained was 11.03 per 1,000 of the population and this was compared with 11.5 for England and Wales.

Death rates for the District and for England and Wales for the past five years were as follows:-

	1953	1954	1955	1956	1957
England and Wales	11.4	11.3	11.7	11.7	11.5
Burnham U.D.	13.33	13.36	12.15	14.76	14.71
Corrected Death Rate	10.40	9.49	8.63	11.07	11.03

The following table shows the cause of death and sex distribution:-

Cause of Death	M.	F.	Total
All Causes	61	82	143
1. Tuberculosis, respiratory	1	1	2
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute poliomyelitis	-	1	1
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	1	1	2
11. Malignant neoplasm, lung, bronchus	3	-	3
12. Malignant neoplasm, breast	-	4	4
13. Malignant neoplasm, uterus	-	-	-
14. Other malignant and lymphatic neoplasms	10	3	13
15. Leukaemia, aleukaemia	-	1	1
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	11	19	30
18. Coronary disease, angina	10	12	22
19. Hypertension with heart disease	-	3	3
20. Other heart disease	5	15	20
21. Other circulatory disease	7	7	14
22. Influenza	1	1	2
23. Pneumonia	3	1	4
24. Bronchitis	3	1	4
25. Other diseases of respiratory system	-	-	-
26. Ulcer of stomach and duodenum	1	-	1
27. Gastritis, enteritis and diarrhoea	-	2	2
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined diseases	2	5	7
33. Motor vehicle accidents	-	1	1
34. All other accidents	1	4	5
35. Suicide	1	-	1
36. Homicide and operations of war	-	-	-

Cancer Mortality.

The number of deaths of Urban District residents from cancer was 22 (males 14, females 8), as compared with 16 in 1956. They constitute 15.4% of the total deaths during the year.

The following table shows the localisation of the disease in the 22 cases:-

Localisation	Number of deaths			
	Male	Female	Total	1956
Stomach	1	1	2	-
Lungs	3	-	3	4
Breast	-	4	4	2
Uterus	-	-	-	-
Other and unspecified organs	10	3	13	10
Total	14	8	22	16

Research into all aspects of lung cancer is proceeding, but there is sufficient evidence available to justify a warning to the public that excessive smoking, particularly of cigarettes, increases the risk of developing this type of cancer. It is not likely that any propaganda would have a significant effect on adult smokers, and the most hopeful line of approach to the problem is to ensure that full information on the matter is made available to adolescents through the Education system. It will however be interesting to see just what effect these efforts will produce in preventing an illness which is likely to develop in middle age.

Smoking is largely a personal habit and its hazards and satisfactions are individual. Smoking by one individual, though possibly disagreeable to others, has not been shown to carry risk for others who are non-smokers. There is not therefore much justification, on epidemiological grounds, for controlling smokers in the interest of the community.

It is important that adults should show an example to the young, in regulating smoking and in confining it to reasonable amounts. It is also important to recall that investigation and treatment of lung cancer is very expensive and ineffective, and results in a substantial charge on the rest of the community.

In dealing with any aspect of cancer, care must be exercised not to aim positively at increasing alarm, as cancer already produces a degree of anxiety among many people, which is in itself unhealthy and distressing. On the other hand although the recounting of facts such as those concerning smoking and cancer is bound to alarm some people, the withholding of information would be harmful and ethically unjustifiable. At the

present time doubts are being raised concerning the relationship between smoking and development of lung cancer, and it is important to counter these doubts with the factual findings of investigation carried out in this country and elsewhere.

It is interesting that this year as in the previous years, all deaths from lung cancer occurred in males. The ages at which death occurred in the three years combined is detailed in the following table:-

Year	Under 15	15/24	25/34	35/44	45/54	55/64	Over 65	Total
1955						1	2	3
1956				1		2	1	4
1957					1		2	3

Infantile Mortality.

Two infants under one year of age died during the year. This gives an infantile mortality rate of 14.82, while the corresponding rate for England and Wales was 23.0.

The following table shows the cause of the two infant deaths, in detail:-

Cause of death	Under 1 week	1 - 4 weeks	1 - 6 months	6 - 12 months	Total under 1 year
Atelectasis	1				1
Extreme immaturity	1				1
Total	2				2

Deaths from Heart Disease.

Of 143 deaths, heart disease caused roughly 1 in every 3 (males 15, females 30). It represented 31.5% of the total deaths from all causes and was equivalent to a death rate of 4.6 per 1,000 of the population.

Population.

The estimated population of the Urban District as at June 1957 was 9,720, which shows an increase of 30 over the previous year. It is interesting to note population changes, and the following table illustrates the trend during the past eleven years:-

<u>Year</u>	<u>Population increase</u>	<u>Natural increase</u>	<u>Net increase due to immigration</u>
1947	235	50	185
1948	402	56	346
1949	- 1	6	- 7
1950	124	10	114
1951	64	-22	86
1952	70	22	48
1953	116	25	91
1954	54	45	9
1955	50	12	38
1956	60	- 6	66
1957	30	- 8	38

Natural increase = excess of births over deaths

It will be noted that apart from 1949, each of the previous eleven years has shown an increase in the population due to immigration of people into the District.

PREVALENCE AND CONTROL OVER INFECTIOUS

AND CONTAGIOUS DISEASES

The following table sets out the cases of notifiable diseases that occurred in the Urban District during 1957. The table is drawn up after making the necessary corrections in diagnosis by either the practitioners or the Medical Officers at the Isolation Hospitals.

Disease	Under 1 yr.	1	2	3	4	5-9	10-14	15-19	20-24	25-34	35-44	45-64	65 and over	Age unknown	Total	Admitted to Hospital
Scarlet fever						1	1								2	
Whooping cough			1			1									2	
Pneumonia				1		2	1		1			4	3	1	13	
Measles		3	6	6	8	21	5								49	
Dysentery												1			1	
Polio-myelitis			1							1					2	2
Puerperal pyrexia										2					2	
Total		3	8	7	8	25	7		1	3		5	3	1	71	2

During the previous year 82 cases of notifiable infectious diseases were notified.

Diphtheria.

No cases of diphtheria were notified. During the year 75 children under the age of 5 years and 29 children between the ages of 5 - 15 years (giving a total of 104), were immunised against the disease.

Poliomyelitis.

Two cases were notified during the year, and a further case was brought to light on post mortem examination of a young infant who died.

Measles.

49 cases were notified, as compared with 44 in the previous year.

Scarlet Fever.

The number of confirmed cases was 2. Both cases were mild and of short duration.

Vaccination against Smallpox.

The number of children vaccinated or revaccinated during the year was 87, as compared with 59 in the previous year.

Children Vaccinated

Under 1 year		1 to 4 years		5 to 14 years		15 years and over	
P	R	P	R	P	R	P	R
61	-	6	2	5	13	3	17

P = Primary vaccination.

R = Re-vaccination.

Vaccination is now voluntary, but the value of individual vaccination is, in my opinion, undiminished and I would advise all parents to have their children vaccinated, preferably at about the age of four months.

Tuberculosis.

Notifications of respiratory tuberculosis continue to be low, only two new cases being notified during the year, as compared with four in the previous year.

One case of non-respiratory tuberculosis was also notified.

New cases notified

<u>Age Periods</u>	<u>Respiratory</u>	<u>Non-respiratory</u>
Under 5 years	-	-
5 - 14 "	1	1
15 - 24 "	-	-
25 - 44 "	-	-
45 - 64 "	1	-
65 and over	-	-
Total all ages	2	1

The search for positive cases amongst the contacts of known cases is well carried out and advantage is taken of the visits by the Mass Radiography Units for chest X-ray of members of the public.

B.C.G. Vaccination.

In order to raise the immunity to tuberculosis of school leavers, vaccination with B.C.G. vaccine was offered to all children between the ages of 13 and 14 years, attending school in the Mid-Somerset Divisional Area. 268 accepted the offer and received a preliminary skin test, the "Heaf Test", to determine whether they had in fact already experienced some infection with the tubercle bacillus. 221 of these gave a negative test and were vaccinated with the B.C.G. vaccine. The 47 who gave a positive test did not receive the vaccination, but they and their home contacts were offered the opportunity of investigation at the Chest Clinic. The following tables are a statistical report on these investigations.

Positive Tuberculin Reactions

<u>Number referred to clinic</u>	<u>Non attenders</u>	<u>Already under observation</u>	<u>Number for evaluation</u>
47	2	6	39
<u>Number for evaluation</u>	<u>Normal X-ray and clinical findings</u>	<u>Healed primary focus</u>	<u>Under further observation</u>
39	33	3	3

<u>Contacts.</u>			
<u>Parents X-rayed</u>	<u>Normal X-ray and clinical findings</u>	<u>Healed primary focus</u>	<u>Pleural thickening</u>
41	34	5	2
<u>Siblings over 15 years X-rayed</u>	<u>Normal X-ray and clinical findings</u>	<u>Healed primary focus</u>	
5	5	-	
<u>Siblings under 15 years X-rayed</u>			
22	20	2	

Thus it will be seen that in addition to increasing the natural immunity to tuberculosis of 221 school leavers, this preventive measure brought to light 8 cases of healed primary tuberculosis, 2 cases of pleural thickening and 3 cases kept under observation by the Chest Physician until he is satisfied that their further attendance at the Chest Clinic is unnecessary.

Food Poisoning.

No cases of food poisoning were notified during the year.

SANITARY CONDITIONS OF THE AREA

Housing.

The number of permanent dwellings in the Urban District	3,116
The number of permanent dwellings owned by the Local Authority	230
Number of houses declared unfit under Section 9 of Housing Act, 1957	3
Number of houses closed as a result of an undertaking given by the owner or following the issue of Closing Orders	7
Number of houses made fit during the year	32

	Houses/flats erected during the year		Houses in course of erection	
	For slum clearance	For other purposes	For slum clearance	For other purposes
Local Authority	Nil	Nil	Nil	Nil
Private Enterprise	Nil	21	Nil	22
Total	Nil	21	Nil	22

In the period from 1st April 1945 to 31st December 1957, a total of 607 houses have been built. These were made up of 396 by the Local Authority and 211 by private enterprise.

As their 1958 building programme, the Council are providing 18 units as a special project for old people.

At the end of the year there were 167 applicants for Council houses.

Water Supplies.

The mains water supply was satisfactory both as to quality and quantity. The water is treated by chlorination and bacteriological tests were carried out on the treated water on 16 occasions, all of which gave excellent results.

Sewage Disposal.

There has been no change from the conditions reported in previous reports. The Clyde outfall is still unsatisfactory and it is considered that if possible steps should be taken to expedite work to improve conditions.

During the period covered by the report the Council have been concerned over inadequacies in the general sewerage system of the District and have requested the Surveyor to prepare a comprehensive report on existing conditions, and to include long and short term proposals.

Camping Sites.

No licences have been issued for stationing of individual moveable dwellings. Four camping sites have been licensed, providing altogether for 380 moveable dwellings. Sanitary conditions are satisfactory and regular inspections are made by the Chief Public Health Inspector.

Milk Supplies.

(a) The number of Registered Distributors is	16
(b) The number of Registered Dairy Premises (other than Dairy Farms) is	3
(c) The number of Licensed Dealers of Designated milk is	16

Three supplementary licences have been issued to distributors whose dairies are outside the area.

Milk Sampling.

11 samples of Tuberculin Tested milk were taken and all of these were satisfactory.

7 samples of Pasteurised milk were taken, all of which were satisfactory.

3 samples of sterilised milk were taken, all of which were satisfactory.

Ice Cream.

The number of premises registered for manufacture and sale	3
For retail only	42

The number of samples taken was as follows:-

	<u>Hot Mix</u>	<u>Cold Mix</u>
Grade 1	20	5
Grade 2	4	4
Grade 3	7	-
Grade 4	4	3

Samples which fall into Grades 3 and 4 are considered to be unsatisfactory and are followed up by visits to the premises concerned, and where necessary advice is given.

Slaughterhouses.

Ample facilities for slaughtering are available at the abattoir at Weston-super-Mare, and consequently the only slaughterhouse in the District which is licensed is that of the Highbridge Bacon Company.

Carcases and offal inspected and condemned in whole or in part during the year:-

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed					37,402	
Number inspected					37,402	
<u>All diseases except Tuberculosis and Cysticerci</u>						
Whole carcasses condemned					24	
Carcasses of which some part or organ was condemned					846	
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci					2.26%	
<u>Tuberculosis only</u>						
Whole carcasses condemned					4	
Carcasses of which some part or organ was condemned					4,134	
Percentage of the number inspected affected with tuberculosis					11.05%	
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned					-	
Carcasses submitted to treatment by refrigeration					-	
Generalised and totally condemned					-	
Weight of meat condemned (in lbs.) for						
(a) Tuberculosis					34,267	
(b) Cysticercosis					-	
(c) Other					10,920	
Total (in lbs.) condemned					45,187	

The system of post mortem inspection in operation is that all carcasses are thoroughly examined by well trained personnel employed by the Bacon Company. All carcasses suspected of having any abnormal condition are isolated and are examined by the Public Health Inspector. A constant check is kept on the working of this system and full detailed examination of carcasses is carried out from time to time by the Chief Public Health Inspector. During the year this spot check was carried out on 5,008 animals.

Premises where food is prepared.

No statutory action was taken regarding enforcement of the provision of the Food and Drugs Act, and co-operation from food traders has continued to be good and improvements have been made to premises and equipment.

The number registered under Section 16 of the Food and Drugs Act 1955, is 14. Frequent inspections are made to ensure satisfactory conditions.

Knackers Yard.

One knackers yard is registered in this District and is visited frequently.

Refuse Disposal.

Disposal of refuse is by direct tipping into disused claypits. As water accumulates in these pits, unsatisfactory conditions arise from time to time, mainly with the onset of warm weather.

